

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

April 1, 2016


Mr. Eric Fritz, Manager  
Woodstock Terrace ALR  
456 Woodstock Road  
Woodstock, VT 05091-9759

Dear Mr. Fritz:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 3, 2016**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief



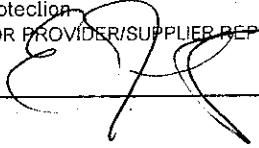
Division of Licensing and Protection

MAR 22 2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  1005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 03/03/2016
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NAME OF PROVIDER OR SUPPLIER  WOODSTOCK TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 456 WOODSTOCK ROAD WOODSTOCK, VT 05091
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced onsite re-licensing survey and two self-report investigations were conducted by the Department of Licensing and Protection from 3/2 through 3/3/16. There were no regulatory findings related to the self-report investigations. However, based on information gathered, regulatory violations were cited as follows related to the re-licensing survey:	R100		
R181 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.  This REQUIREMENT is not met as evidenced by: Based on review of the facility's documents, the home failed to complete required background	R181	R 181 The employee in question was a long term employee that had resigned. Both background checks had been completed prior to her original employment. The background checks were not completed prior to her re-hire. Both the VCIC and Adult and Child Abuse background checks were completed on 3/2/16. There were no offences on either background check. All employees, both new and those rehired, will have both background checks completed before an official offer of employment is made. The Business Office Manager will complete the background checks and report the results to the Executive Director. The Health Services Director will conduct random audits to assure compliance. Any employee not having the background checks in their file will be taken off the schedule until the checks are completed. The HSD will report the results of the audits to the Quality Assurance and Improvement Committee on a quarterly basis	3/23/16

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	EXECUTIVE DIRECTOR	3/17/16

R181 - R247 POCs accepted 3/23/16 mbertrand/rmc

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R181	Continued From page 1  checks and adult and child abuse registry reviews for 1 of 5 employees sampled. The findings include the following:  Per review of employee files on 3/2/16, one of the files evaluated did not contain evidence that the facility completed VCIC (Vermont Criminal Information Checks) or Adult and Child Abuse Registry checks as required. Per interview with the facility's Executive Director on 3/2/16 at approximately 4 PM, confirmation was made that the reviews were not conducted.	R181		
R247 SS=D	VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.  This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview the facility failed to label and date perishable foods. The findings include the following:  Per tour of the Dietary Department and the Memory Care Unit on 3/2/16, multiple gallon containers with assorted liquids were located in the large refrigerator in the dietary department and the kitchenette in the memory care unit. The containers were found to be full or partially used and were not labeled identifying the contents or dated as to when they were prepared. The	R247	<b>R 247</b> All food containers are now properly labeled, dated and sealed. The Food Services Director has educated all Kitchen staff regarding the proper labeling, dating and sealing of food containers. Resident Care staff have been educated to immediately remove any food items that are not in compliance with this standard and to report the non-compliance to the Executive Director.  The Executive Director shall conduct random audits to assure that this standard is being met. The Executive Director will report the results of these audits to the Quality Assurance and Improvement Committee on a quarterly basis	3/23/16

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R247	Continued From page 2  Memory Care Unit refrigerator also evidenced a partially used plastic tube of whipped topping that also was not dated and the open tip was uncapped. The Chief confirmed at 10:55 AM the above documented findings.	R247		